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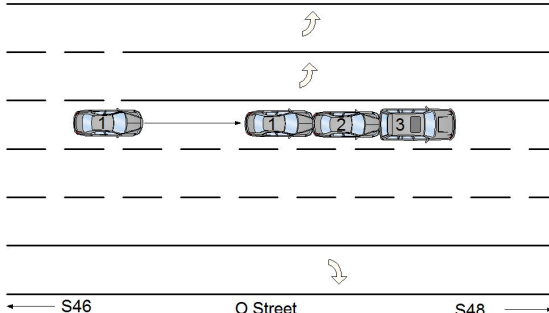
State of Nebraska
Investigator's Motor Vehicle Accident Report

Sheet 1 of 4

3	Total Number of Vehicles	Local No./ District 036	Agency Case No. B5-107723	HIT & RUN? <input type="radio"/> YES <input checked="" type="radio"/> NO	INVESTIGATION MADE AT SCENE? <input checked="" type="radio"/> YES <input type="radio"/> NO	L 1							
A/1	DATE OF ACCIDENT	M M / D D / Y Y Y Y S M T W T H F S 11/18/2015		TIME OF ACCIDENT 2026	STATE USE ONLY								
A/2	PLACE OF ACCIDENT	COUNTY Lancaster	CITY Lincoln	POLICE NOTIFIED 2028	Amended 11/20/2015								
B	45	ROAD ON WHICH ACCIDENT OCCURRED STREET/ HIGHWAY NO. O Street S46 to S48		PRIVATE PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO	LATITUDE								
C	4	DISTANCE FROM MILEPOST	FEET	N S E W OF MILEPOST	HIGHWAY NO.	LONGITUDE							
D	2	IF AT INTERSECTION		IF NOT AT INTERSECTION									
V1/M	08	NAME OF INTERSECTING ROADWAY					217.00						
V2/M	01	IF ACCIDENT WAS OUTSIDE CITY LIMITS, INDICATE DISTANCE FROM NEAREST TOWN											
E	1	R. WORK ZONE CODES	R1 R2 R3 R4	S. PEDESTRIAN CLASSIFICATION CODES	S1 S2 S3 S4 S5-a S5-b S6-a S6-b	DOES ACCIDENT INVOLVE DAMAGE TO STATE DEPT. OF ROADS' PROPERTY? <input type="radio"/> YES <input checked="" type="radio"/> NO							
F	1	VEHICLE NO. 1											
V1/N	2	DRIVER LICENSE NO.	H13449366	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/N	2	DRIVER	JOSE L RIOS-MARTINEZ	PHONE	4023099791	LOCAL NO.							
G	6	DRIVER ADDRESS	935 N 66 Street, Lincoln, NE 68505	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	02/19/1987							
H	2	OWNER	Erica Arellano	PHONE	4028539149	LOCAL NO.							
V1/O	3	OWNER ADDRESS	2930 N Cotner, Lincoln, NE 68507	CITY, STATE, ZIP	CITATION <input checked="" type="radio"/> YES <input type="radio"/> PENDING <input type="radio"/> NO	CITATION NO. LB493135							
V2/O	2	LICENSE PLATE NO.	Intransit	YEAR (Plate Expires)		STATE (Of Plate)							
I	1	VEHICLE	2004	MAKE	Pontiac	MODEL	Grand Am	BODY STYLE	4 door Sedan	COLOR	silver / chrome	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$
J	01	VEHICLE ID NO. (VIN)	1G2NE52F94M572175	INSURANCE COMPANY	Progressive								
K	01	TOWED TO	101 Charleston	TOWED BY	Capital Towing	POLICY NO.	906117991						
L	1	VEHICLE NO. 2											
V1/P	1	DRIVER LICENSE NO.	H12584797	STATE (Of License)	NE	SEX <input type="radio"/> FEMALE <input checked="" type="radio"/> MALE							
V2/P	1	DRIVER	ABDUL H KARKASH	PHONE	4028054622	LOCAL NO.							
V3/P	1	DRIVER ADDRESS	4438 VINE ST, LINCOLN, NE 68503	CITY, STATE, ZIP	DATE OF BIRTH (MM / DD / YYYY)	07/01/1956							
V4/P	1	OWNER	ABDUL KARKASH	PHONE	4028054622	LOCAL NO.							
V5/P	1	OWNER ADDRESS	4438 Vine, Lincoln, NE 68503	CITY, STATE, ZIP	CITATION <input type="radio"/> YES <input checked="" type="radio"/> PENDING <input type="radio"/> NO	CITATION NO.							
V6/P	1	LICENSE PLATE	PA NO. RSL037	YEAR (Plate Expires)	2016	STATE (Of Plate)	NE						
V7/P	1	VEHICLE	1997	MAKE	Toyota	MODEL	Camry	BODY STYLE	4 door Sedan	COLOR	gray	ESTIMATED DAMAGE	<input checked="" type="radio"/> TOTALED \$
V8/P	1	VEHICLE ID NO. (VIN)	4T1BF22K6VU035445	INSURANCE COMPANY	Viking of Wisconsin								
V9/P	1	TOWED TO		TOWED BY		POLICY NO.	274595011						
Complete this section for all injured persons (Complete a continuation report, if more than three were injured)													
VEH. #	NAME	ADDRESS				DATE OF BIRTH (MM / DD / YYYY)	1 Seat Position	2 Eject	3 Body Region	4 Injury Sev.	5 Trans.	SEX M F	
1	JOSE L RIOS-MARTINEZ	935 N 66 Street, Lincoln, NE 68505				02/19/1987	01	1	02	4	1	M	
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.							
2	ABDUL H KARKASH	4438 Vine, Lincoln, NE 68503				07/01/1956	01	1	05	4	1	M	
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.							
		LOCAL NO.	MEDICAL FACILITY NAME		EMS SERVICE NAME	EMS RUN REPORT NO.							

Indicate North by Arrow

AGENCY CASE NO.
B5-107723



DESCRIPTION OF ACCIDENT BASED ON OFFICER'S INVESTIGATION

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME			ADDRESS	PHONE
	NAME			ADDRESS	PHONE

VEHICLE MOVEMENT BEFORE COLLISION					POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 1		RESTRAINT USE VEHICLE 1		TOTAL OCCUPANTS		VEH 1	1	VEH 2	2			
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME		VEHICLE 1		VEHICLE 2												
1			X		O Street		POINT OF IMPACT	01	POINT OF IMPACT	05	1		2		ALCOHOL TESTING	Driver No. 1	Driver No. 2	Pedestrian			
2			X		O Street		MOST DAMAGED AREA	01	MOST DAMAGED AREA	05	1		2		ALCOHOL LEVEL TESTED	Y	Y	Y			
1	01			06 Turning left																	
2	11			07 Making U-turn																	
				08 Entering traffic lane																	
				09 Leaving traffic lane																	
				10 Parked																	
				11 Slowing or stopped in traffic																	
				12 Other																	
				13 Unknown																	
OFFICER NO. 1517						TROOP/TEAM/BEAT 2				DEPARTMENT Lincoln Police Department										Photographs taken? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
INVESTIGATOR NAME (Print or Type) David Wunderlich						INVESTIGATOR SIGNATURE Approved by Officer David Wunderlich														DATE OF REPORT 11/20/2015	

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State of Nebraska

Investigator's Motor Vehicle Accident Continuation Report

Sheet 3 of 4

Local No./
District

036

Agency
Case
No.

B5-107723

STATE USE ONLY

Amended

Vehicle
Codes
from
Overlay
#2

DATE OF ACCIDENT (MM / DD / YYYY)

11/18/2015

PLACE
OF
ACCIDENT

COUNTY

Lancaster

CITY

Lincoln

Sequence
of Events

ROAD ON WHICH ACCIDENT OCCURRED STREET/HIGHWAY NO. O Street S46 to S48

VEH. #	VEHICLE NO. 3										VEH. #		
3	DRIVER LICENSE NO.		H13145676				STATE (Of License)		NE	SEX	<input checked="" type="radio"/> FEMALE <input type="radio"/> MALE	3	
M	DRIVER ELIZA R PEREZ						PHONE		3082587763			1.	
N	DRIVER ADDRESS 3207 KENNEDY WAY, GRAND ISLAND, NE 68803						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)		01/09/1996	18	
O	OWNER JULIO V PEREZ / ELIZA R PEREZ						PHONE		3082587763			2.	
P	OWNER ADDRESS 3207 KENNEDY, Grand Island, NE 68803						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input checked="" type="radio"/> NO		CITATION NO.	3.	
Q	LICENSE PLATE PA NO.		8F4125		YEAR (Plate Expires)		2016		STATE (Of Plate)		NE	4.	
4	VEHICLE		YEAR 2007		MAKE Honda		MODEL CRV		BODY STYLE Compact Utility		COLOR silver / chrome	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$ 250	5.
	VEHICLE ID NO. (VIN)		JHLRE38727C048574						INSURANCE COMPANY		Farmers Mutual		18
	TOWED TO				TOWED BY				POLICY NO.		AU328882		40

VEH. #	VEHICLE NO. 4										VEH. #		
4	DRIVER LICENSE NO.						STATE (Of License)			SEX	<input type="radio"/> FEMALE <input type="radio"/> MALE	4	
M	DRIVER						PHONE		LOCAL NO.			1.	
N	DRIVER ADDRESS						CITY, STATE, ZIP		DATE OF BIRTH (MM / DD / YYYY)			2.	
O	OWNER						PHONE		LOCAL NO.			3.	
P	OWNER ADDRESS						CITY, STATE, ZIP		CITATION <input type="radio"/> YES <input type="radio"/> NO		CITATION NO.	4.	
Q	LICENSE PLATE NO.				YEAR (Plate Expires)				STATE (Of Plate)			5.	
	VEHICLE		YEAR		MAKE		MODEL		BODY STYLE		COLOR	ESTIMATED DAMAGE <input type="radio"/> TOTALED \$	6.
	VEHICLE ID NO. (VIN)								INSURANCE COMPANY				
	TOWED TO				TOWED BY				POLICY NO.				

VEHICLE MOVEMENT BEFORE COLLISION				POINT OF IMPACT AND MOST DAMAGED AREA (Enter numbers for each vehicle)				AIRBAG DEPLOYED VEHICLE 3				RESTRAINT USE VEHICLE 3				TOTAL OCCUPANTS VEH 3 2 VEH 4												
VEH NO.	N	S	E	W	ROAD OR HIGHWAY NAME																							
3			X		O Street																							
4																												
3	11				06 Turning left				VEHICLE 3				VEHICLE 4															
4					07 Making U-turn				POINT OF IMPACT 05				POINT OF IMPACT															
					08 Entering traffic lane				MOST DAMAGED AREA 05				MOST DAMAGED AREA															
01	Essentially straight ahead				09 Leaving traffic lane				00 None				02				03				04							
02	Backing				10 Parked				09 Top & windows				01				05											
03	Changing lanes				11 Slowing or stopped in traffic				10 Undercarriage				11 Total (all areas)				08				07				06			
04	Overtaking/ Passing				12 Other				12 Other																			
05	Turning right				13 Unknown																							

Complete this section for all injured persons										DATE OF BIRTH (MM / DD / YYYY)		1	2	3	4	5	SEX M F	
VEH. #	NAME					ADDRESS							Seat Position	Eject	Body Region	Injury Sev.	Trans.	
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS												
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					
VEH. #	NAME					ADDRESS												
	LOCAL NO.					MEDICAL FACILITY NAME					EMS SERVICE NAME		EMS RUN REPORT NO.					

ADDITIONAL - DIAGRAM & INFORMATION AS REQUIRED FOR ACCIDENT



Indicate
North
by Arrow

AGENCY CASE NO.
B5-107723

PROPERTY	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
	OBJECT DAMAGED	OWNER NAME	ADDRESS	PHONE	APPROX. COST OF DAMAGE \$
WITNESSES	NAME		ADDRESS		PHONE
	NAME		ADDRESS		PHONE
OFFICER NO. 1517		TROOP/ TEAM/ BEAT 2		DEPARTMENT Lincoln Police Department	
INVESTIGATOR NAME (Print or Type) David Wunderlich			INVESTIGATOR SIGNATURE Approved by Officer David Wunderlich		DATE OF REPORT 11/20/2015